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FEC

STATEMENT OF **ORGANIZATION**

RECEIVED

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FORM 1						Office USEDGY MAIL CENT
1. NAME OF COMMITTEE (in f	iuli)	(Check if nam is changed)		mple:If typing, type r the lines.	12FE4M5	1
VIRGINIA D	PMO	CRATIC EX	(EÇUT	IVE BOARI)	
					 	
ADDRESS (number and	I street)	P. O. BOX	61316	2		
(Check if add is changed)	Iress	NORTH MI	AMI		FL,	33261
			CITY		STATE	ZIP CODE
COMMITTEE'S E-MAIL (Check if are is changed)	ddress			ecutiveBoar	rds@hotr	mail.com
COMMITTEE'S WEB PAGE ADDRESS (URL)						
(Check if ac is changed)		<u> </u>				
2. DATE 11" '9" '2012 '						
3. FEC IDENTIFICATION NUMBER C						
4. IS THIS STATEM	ENT 🗵	NEW (N) O	R	AMENDED (A)		
I certify that I have ex	amined thi				it is true, correct	and complete.
Type or Print Name of	Treasurer	DAVID EII	NSTE	N		
Signature of Treasurer	X	S'Einter >			Date 11 [™]	′ 09° ′ 20′12
NOTE: Submission of false, erroneous, or incomplete information/may/subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.						
Office Use Only				For further Information Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)